	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTC-875)							INGUANCE T				FILING DATE		
		101101				CL	AIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		T		ŀ					
-	IND.	DEP.	IND.	DEP.	IND.	DEP.	-		IND.	DEP.	IND.	DEP.	IND.	DEP
1	1		1		1			51					1	1
2								52						
3		1						53						
4		1						54					L	
5		1	L					55						L_
6		1_	1	ļ	L		_	56					L	
7		1			L		L	57					L	L.
8				-			_	58						-
9			ļ	ļ	 		_	59			ļ	ļ	L	<u> </u>
10		 				1	L	60		-	-	-		
11							-	61					 -	ļ
12		-	1	-			-	62				├ ──		├
13		1	+				-	63						
14		-	+			\vdash	-	61			 	 		
15			+	-	 	\vdash	-	65				├		+
16 17		-	+		 	-	-	66						+
18		1	1	-	-		-	67 68		-	 	 	+	
19		 	1	-	-	-	-				├			┼
20		 	+	-	-		-	69 70			┼	+		-
21		1	1	_	1		-	71			 	 	 	
22		1		1	-		-	72		 	1			1
23		1	1	1		\vdash	-	73				-	<u> </u>	-
24		1			1		-	74			-	-		_
25		1						75.		_	1	_	1	
26								76			1		1	
27								77			1	-	T	
28		1	1					78		1		1		T
29								79						
30		-	_					80						
81		 	 	-				81						1
32						-	_	82			L		<u> </u>	<u> </u>
33		-		<u> </u>	ļ		L	83			L		L	<u> </u>
34		-	 				_	84			<u> </u>		L	<u> </u>
35	 -	+		┼		+	-	85			├			+-
36 37	 -	+	+		├		-	86						
		+	+	 			-	87						+
38	 	+	+		├	+	-	88			 	+	+	-
40	 	+	+	+	-	+-	H	89		 	-	-	+	+-
41		1	1	1	1	1		91		1	1	 	1-	1
42			1	1	1		-	92			1	 	1	1
43					T			93						
44								94						
45				1			L	1.			-			
46								86						I
47			1		1			97						T
48		1	-	1				98						
45			ļ		,		-	00	1	1	1			
50	L.,	-	ļ	1	-			100		_				1
ND.	ı	11	1	1	1	111	100	TAL	1	1	1	1 .	-	1
OTAL DEP.	6	•		-		السـ		OTAL EP.		الب		٠.,		لب
OTAL CLAIMS	ň	13. v. 3	4	2002	1	100 m		TAL.		Marie 1		25		10.50
CLAIMS	''	TOWK &	27	100	15	2530	1.5		1	100000		P. 25. 100.	**	MEH